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AUTHOR Schneider, Karl A.; And Others
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ABSTRACT

This paper describes the results of the Eagleville Reading Academy and Satellite Program, a demonstration project funded by the U.S. Office of Education. Eagleville is a private, nonprofit hospital devoted to treatment, research, education and training for alcoholism and drug addiction. The therapeutic community setting includes individual and group therapy, industrial therapy, occupational therapy, physical rehabilitation, family therapy and general medical care. Education is available on a voluntary, self-selection basis in the inpatient phase. The results of the study show that treatment outcome for students is superior at all stages of treatment than for nonstudents. They also show that part of the improved self-concept of patients in treatment at Eagleton is ascribable to the education program. The authors conclude that adult remedial education is an integral component for recovery and deserves serious consideration for inclusion in the continuum of services for drug and alcohol rehabilitation programs. (Author)

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"Behavioral Outcomes and Self-Concept Improvement Through Adult Education of Addicts & Alcoholics In A Combined Abstinent Therapeutic Community"

by

Karl A. Schneider, M.Div., M.A. (Alcohol Studies)
Project Director, Eagleville Reading Academy
and
Thomas Mellon, M.Ed., Director of Vocational Services
Eagleville Hospital and Rehabilitation Center
and
Janet Stokes, M.A., Department of Research
Eagleville Hospital and Rehabilitation Center

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Behavioral Outcomes and Self-Concept Improvement Through Adult Education Of Addicts and Alcoholics in a Combined Abstinent Therapeutic Community

This paper describes the results of the Eagleville Reading Academy and Satellite Program, a demonstration project funded by the U.S. Office of Education, Right to Read Grant #G007507181, for the period of 7/1/75 - 6/30/77.

Eagleville's complete residential program involves two months in-patient care for 126, and for some 50/60 who wish to continue treatment, a four to six month work/therpay (Candidate) program, followed by four months at the Halfway House, YMCA, in the nearby community, Norristown, Pa. Other program components in Norristown include a Day Hospital and Outpatient Clinic, and Family House, a program for women with day care for their children, as well as an alternative school for adolescents in nearby Bridgeport. Eagleville also operates two drug and alcohol out-patient programs in two suburban counties, plus a family program in Philadelphia.

A description of the development and data from our experience with 1,177 enrolled students (01 year, 476, 02 year, 701), both addicts and alcoholics, and the relationship between improved educational and survival skills, and recovery from addiction, and the interface and impact on the treatment process both short and long term, and the comprehensive re-covery program of this abstinent therapeutic community is provided. Evaluation and pre-and-post testing are an integral part of the program.

Eagleville is a private, non-profit JCAH accredited hospital devoted to treatment, research, education and training for alcoholism and drug addiction. Though a hospital, the therapeutic community setting includes

the following treatment regimen: individual and group therapy, industrial therapy, occupational therapy, physical rehabilitation, family therapy, and general medical care for both men and women. (Education is available on a voluntary, self-selection basis in the inpatient phase).

Eagleville's complete residential program involves two months in-patient care for 126, and for some 50/60 who wish to continue treatment, a four-to-six month work/therapy (Candidate) program, followed by four months at the Halfway House, YMCA, in the nearby community of Norristown, Pa.

Other program components in Norristown include a Day Hospital and Outpatient Clinic, a School, Family Therapy and Vocational Screening Unit as part of Community Services, in addition to Family House, an NIAAA program for women, with day care for their children, as well as an alternative school for adolescents in nearby Bridgeport, Pa.

The Eastern Montgomery County Community Clinic is an outpatient drug and alcohol program, coordinated by Eagleville. In addition, two outpatient drug and alcohol programs in suburban Delaware County were developed by Eagleville and are now conducted by Delaware County since 7/1/77.

A brief description of the characteristics of the residents follows. (Resident is the term applicable to the patient in the first part, the intensive 60-day in-patient phase of the program).

The patient population is equally divided among drug addicts and alcoholics and between Blacks and Whites; 86% are men and 14% women.

There is a wide spread in age, with majority in the younger adult years. The majority (62%) are from the Philadelphia area. Many report difficulties in school, both in concentrating and learning, including having to repeat grades, and behavior problems resulting in suspension and expulsions. For example, 50% were suspended at least once, 32% more than once.

As might be expected, their work histories are very poor. Only 12% were employed just before entering Eagleville, 44% were on welfare, and 12% supported themselves by illegal means. They have extensive criminal justice histories; 32% entered the treatment program directly from prison (29% from hospitals or other treatment centers, and only 39% directly from the community). At the time they entered treatment, 60% were either on parole, on probation, or awaiting trial.

To summarize, their educational accomplishments and histories are very poor, their vocational achievement minimal, and they have extensive criminal justice histories. Our experience has shown that making up for the educational deficit is essential for the success of the vocational rehabilitation of the alcoholic or addict, and that without the possibility of achieving a solid vocational rehabilitation, invlovement with the criminal justice system is likely to continue.

Establishing the Need

In treating alcoholics and addicts at Eagleville, we have learned that low self-esteem, reinforced by failure in traditional school settings, is a strong contributing factor toward addiction. Our research, based on examination of individual psychological and social histories, indicates that the initiating experiences of alcohol and drug abuse among our patient population began at about age 13, at a life stage in which

difficulties in reading, spelling and arithmetic skills become apparent, when the traditional school curriculum begins to make demands that the functioning illiterate student cannot meet. This, coupled with the emotional stress of adolescence, sets some young people up for failure by destroying their confidence in their potential for success. An escape through addiction is not uncommon because chemical addiction thrives on low self-esteem. When the addict or alcoholic is functionally illiterate, he/she experiences fear of discovery and fear of rejection (I can't read/write/add a column, etc.). These fears help to reinforce the low self-image. Drinking and drugs become a way to relieve these bad feelings when other coping mechanisims are lacking. The cycle of illiteracy, low self-image, and addiction repeats itself, and the patient sees no way out.

Psychological testing which takes place as part of the regular admission procedure at Eagleville indicates a great need for remedial education. The following tests are used: Scholastic College Achievement Test, Gates MacGinitie Reading Tests, Bender Gestalt, Revised Beta Examination, Wide Range Achievement Test, Tennessee Self Concept Test, Mooney Problem check list, Rotner Incomplete Sentence Blank, Draw a Person. These tests indicate that most of our patient population were reading at 2 - 3 grades lower than the last grade attended.

<u>Potential Enrollment for Personalized Adult Education in the Eagleville Network</u>

In determining the extent of the need for education within the Eagleville network, a survey sample of 261 persons admitted in 1974 to

the Resident (basic 60-day inpatient program) phase, survey of 100% case histories of 157 candidates admitted in 1974 (4-6 months post in-patient program), plus a 100% survey of 49 cases admitted to the Halfway House, plus a projection based on 220 cases from the 1974 Annual Report of the Day Hospital and Outpatient Clinic, located in nearby Norristown, was conducted.

When the results of the survey were applied to all phases of the Eagleville network, including Inpatient, Candidate, Outpatient Clinic and Halfway House, the estimated potential enrollment needing services in 1 year included, 40, Grade 0-4; 362, Grade 6-8; 552, Grade 8-10; 954 had no high school diploma, 904 were vocationally handicapped (not able to secure an entry level job due to educational deficits) and 650 had reading deficiencies. These figures clearly demonstrated the need for an organized program to be integrated within the comprehensive treatment services.

A concentrated effort to obtain support from a variety of sources was initiated. The major breakthrough came with the July 1, 1975 awarding of a 3-year demonstration grant by the U.S. Office of Education under the efforts of the Right to Read Program. (Right to Read is a national effort to establish model literacy programs for adults with concentrated use of volunteers). A part of the mandate of the grant was to establish a neighborhood satellite program to serve members of the community-at-large with a supervisory board of community representatives, plus consumers.

Goals of the Eagleville Reading Academy Grant

The goals of the Eagleville Reading Academy and Satellite are as follows:

1. To demonstrate the necessity of individualized adult personalized education assistance for addicts and alcoholics as an integral component of the addiction/treatment rehabilitation process in the therapeutic community.

2. To develop a model program which involves a team concept of professionally accredited teachers working with a core group of trained volunteers who will work in concert with a resident/candidate.

3. To create a variety of methods, approaches, and particularly high interest materials.

4. To offer referral and follow-up services linking to other adult educational programs when our patients leave the Eagleville program.

5. To offer an evaluation process of the effect of education on recovery and to provide data concerning this relationship.

Staff and Volunteer Tutors

To implement the goals of the grant, we were able to secure the services of two full-time recovering teachers, plus initially, two CETA Manpower unemployed teachers. Since May, 1977, the CETA teaching complement includes one teacher at the Satellite School program located in the Community Services Section, adjoining the Eagleville Day Hospital and Outpatient Clinic, plus eight teachers divided between the campus and Satellite, to service an enrollment of 135 on campus and 50/60 off campus at the Satellite. Other part time staff includes an evaluator, the services of a vocational counseling coordinator, a volunteer recruiter, part-time teachers, administrative assistant, project director, and part-time secretarial service.

In addition to the full-time teachers and part-time staff, the program of personalized education is additionally possible with the use of 25-30 volunteers. These recruitment efforts, coupled with a pre-service and in-service training program, have resulted in a corps of approximately 30 volunteers. Teachers and volunteers work as a team to provide 1:1 non-traditional remedial education. The campus program provides services from 8:00 a.m. - 7:30 p.m. four days a week, plus two Saturdays a month.

Before giving the behavioral outcomes of the 01 and 02 year, and self-concept results of a pilot study, it is necessary to comment on the benefit of remedial education being included in the treatment program.

During the first year we examined the figures relating to length of stay in treatment.

TABLE I

Various Comparisons: Reading Academy Students vs. Balance of EHRC

Admissions: Length of Stay in Treatment	Reading Academy	Balance of Admissions
1. Percent Completing Residency: not continuing into Candidate	29%	27%
2. Percent entering Candidate program	31%	5%
3. Median days in inpatient	49 days*	35 days
4. Percent Candidates not completing Candidates phase	25%	63%

*Median days stay is calculated for admissions from 7/1/75 through 10/31/75, and for enrollees for the same period, who were discharged by 12/31/75. Inclusion of patients still in treatment gives a median days in treatment (for students) of 54.

Line 2 of Table I indicates students enrolled as residents in the Reading Academy were six times as likely to continue the Candidate program. A closer examination indicates not mere enrollment but attendance is a factor. High attendance almost doubles the resident's chances of completing treatment.

Line 4 of Table I shows that candidates not enrolled in the Reading Academy are more than twice as likely to drop out of treatment.

Candidates have a longer stay in treatment and 61% have attended over 30 or more sessions. The shorter resident stay in treatment indicates that 63% of the residents have attended ten sessions or less. Because of the self-selection process of resident enrollment, and the shortened treatment stay of 35 days, it is difficult to expect residents to attend more sessions.

These items are positive indicators of a relationship between enrollment and treatment retention.

We were able to show that those students with more than average difficulties in reading were those with the least chance of remaining in treatment.

TABLE II

Reading Academy: Comparison of Entry Level Gates-MacGinitie Speed/ Accuracy Scores with Type of Discharge from Residency (students not entering Candidate Program) - In Percent

Gates-MacGinitie Score	Type of Discharge	
	Regular	Irregular
0-3	57%	43%
4-6	60	40
7-9	89	11
10+	75	25
Percentage Base (N=40 Residents)	(27)	(13)

"Regular" includes all "treatment completed" discharges; "Irregular" includes all others. This table indicates that students with the lowest level reading scores are most likely to be irregularly discharged from Residency; that is, students with the most difficulty in reading have the most difficulty with the treatment program.

As a result, we intensified our efforts to recruit students with the poorest reading skills. Initial reports indicated 50% of the enrollment

were readers with an initial Gates-MacGinitie Speed and Accuracy score in the grade 4-6 range. Feedback from the teachers and the growing acceptance in the community indicated by increased enrollment, indicate also it is not considered shameful to admit inability to read.

Influence on Treatment Completion and Retention

During the first 24 months the ever growing enrollment has indicated the following trends: 56.8% are minority students (50% of hospital population is minority), median age, 26, 55% alcoholics and 45% addicts.

Over 70% of non-readers (Grade 0-3) complete Resident treatment. This compares favorably with the overall hospital rate for completion of the Resident phase (53% in this period). The proportion of non-readers enrolled in the Academy who do not complete the Resident phase is so low that attendance and treatment status was not correllated.

Residents who enrolled 6 days after admission had a better chance of completing treatment than did non-enrolled residents with other discharges. This chance improves considerably, even after 11 days. These figures do appear to show that early enrollment - with the exception of the first 5 days in treatment - is associated with a positive treatment outcome.

For non-readers, although numbers are few, the trend is also for a positive treatment outcome when compared to non-enrolled residents with other discharges.

An encouraging trend is the number of non-readers who elect to continue treatment and who complete the post-inpatient phase is 66.6% compared to the overall 57% for that program. All grade level enrollments (0-3,4-6,7-9,10+) reflected a higher treatment completion rate than the

overall rate in the post-inpatient phase.

Summary of Principal Findings on the Benefit of Education in Treatment

As measured by age, race, addiction and literacy skills on entry to treatment, ERA students do not differ significantly from non-students.

Results show that treatment outcome for students is superior at all stages of treatment than for non-students (measured by: number of days in treatment, completion of Resident (initial 2-month Phase) completion of Candidate (advanced treatment phase).

Self-Concept Improvement

One of our original assumptions in using basic education as a rehabilitation tool is that it should affect quickly and dramatically the patient's self-concept. Over the years it has become very clear to us that a negative self-concept is part of the interlocking attitude and emotional problems underlying addiction. Therefore, we reasoned, education, if it makes the patient feel more positively about himself, should give him a much better chance of overcoming addiction.

It has been shown that the self-concept of patients in treatment at Eagleville improves dramatically, even when measured by the Tennessee Self-Concept Scale which normally shows little change over a person's lifetime (Kutner, 1974). We wished to show that these changes are in part ascribable to an education program.

We set out to test a sample of54 patients at three points in time: on entry to the treatment program, on entry to the second phase of treatment (Candidate Program) and two months later. Of these, 42 received the full sequence of tests. The Tennessee Self-Concept Scale

utilizes a variety of scales, of which we report here only changes in Total Positive Scores.

The mean Total Positive Score for the 42 subjects on the first test was 294.7; on the second test, 298.5; and in the third test, 225.1. This dramatic increase on the third test, after a period in which patients receive stronger encouragement and opportunity to attend the Reading Academy, bears out our contention that the patient's self-concept can and does improve.

If poor literacy skills are associated with negative self-concept, these patients who test lower on grading skills on entry to treatment should show the more negative self-concept scores. To test this, we divided patients according to their Gates reading score (the Gates-MacGinitie test is a part of a battery of psychological tests given upon admission) into four categories: those with the equivalent of grades 0-3; 4-6; 7-9; and 10 or more. Gates scores were available on 35 of these patients. As the following table shows, although patients with the poorest skills do indeed have a low Total Positive Score, patients in the highest Gates category score even lower. Obviously, while education may be a part of the problem, it is not the whole problem, as we well know.

To test the part played by the Reading Academy in self-concept changes regardless of the initial score, we first divided the patients into low, medium and high attendees (those who attended 40 sessions or less, 41-60 sessions, and over 60 sessions).

TABLE III

MEAN TSC(C) SCORES ON TOTAL POSITIVE AT THREE PARTS IN TIME, BY ATTENDANCE

ATTENDANCE	1ST TEST	2ND TEST	3RD TEST	CHANGE FROM 1ST TEST TO 3RD TEST
Low (40 or less)	268.3	262.6	308.6	40.3
Medium (41 - 60)	277.2	300.8	327.6	50.4
High (over 60)	281.0	287.7	330.6	49.6

The mean scores for each attendance category for each test are given in Table 1, together with the amount of change for each category between the 1st and 3rd tests. The scores indicate that medium and high attendees do improve substantially more than low attendees. More statistical tests are necessary to further substantiate this correlation.

Other comments on this table, however, are important: firstly, that substantial improvement in Total Positive Scores is shown in each category, making the contribution of the Reading Academy again only a part of what is going on for these patients. Secondly, mean scores in the first column (1st Test) increase by attendance category although these tests were given well before the patient had a chance to become seriously involved with the Academy. We suggest that ability to profit from what the Academy offers is a function of the patient's self-concept in the first place; these patients who feel better about themselves to begin with will attend, and improve more.

Again, if poor literacy skills contribute to a low self-concept, then patients with low initial skills should show a dramatic improvement over time.

Returning to the original Gates reading level categories, we calculated mean scores for each category for each of the three tests. Results are given in Table 2.

TABLE IV

MEAN TSC(S) SCORES ON TOTAL POSITIVE, 3RD TEST, BY INITIAL GATES SCORE AND ATTENDANCE LEVEL

GATES SCORE	LOW (60 SESSIONS OR FEWER)	HIGH (OVER 60 SESSIONS)
	n=	n=
0 - 3	337.7 (3)	340.0 (1)
4 - 6	351.7 (4)	-
7 - 9	310.8 (11)	324.5 (4)
10+	335.5 (6)	388.2 (6)

Lower attendance is associated with a similar Total Positive Score for grades 0-3, as well as for grades 10 and over.

In summary, the most marked improvement in Total Positive scores is shown by the lowest and the highest grade levels. There are indications that at each grade level, more frequent attendance is associated with greater change. It seems clear, however, that there is a strong interaction between attendance and positive self-concept.

Patients need to feel reasonably good about themselves before they can make the substantial commitment of time and effort which change in literacy skills requires. When they can do so, the changes made are enormous.

We suggest that the lowest and the highest grades have some similarities besides self-concept scores which may throw light on the processes at work here. Clients at the lowest and highest grade level have been blocked at a significant developmental stage which they were unable to master. In the first case, the obstacle of learning to read; in the second, it was finishing high school. Success through the Reading Academy at either of these tasks is a clear yes or no -- the patient does or does not learn to read, he does or does not get his GED. The intermediate levels, on the other hand, have no immediate goal, and no such clear accomplishment, but can look forward only to "progress", a far less tangible achievement. Perhaps we need to provide more satisfying and concrete milestones along the road for these middle levels.

TABLE V

MEAN TSC(S) SCORES ON TOTAL POSITIVE AT THREE POINTS IN TIME, BY INITIAL GATES READING LEVEL

GATES LEVEL	1ST TEST	2ND TEST	3RD TEST
0 - 3 N=4	277.8	294.3	338.3
4 - 6 N=4	299.8	307.8	345.0
7 - 9 N=15	290.5	298.1	314.5
10+ N=12	271.9	283.2	361.8

Patients with initial grades 0 - 3 do indeed improve dramatically, showing a difference of 60.5 points between the first and third tests. Even this change, however, is overshadowed by the 89.9 point change made by those initially reading on the 10+ level. Changes made by the intermediate grades are substantial, though less dramatic.

Again, do these scores mean that the Reading Academy contributes substantially to improvement in self-concept, or are these changes due to the impact of the treatment program? A partial attempt to answer was made when we compared low and high attendees in each category (for this calculation, patients attending 60 sessions or less were called "low"; those attending over 60, "high"). Mean scores at this level of subdivision are based on very small numbers. Therefore, our formulations are most tentative. Nevertheless, those we have do show further improvement in three of the four grade levels, with higher attendance (in grades 4-6, no one attended over 60 sessions).

(Scales of the Tennessee Self-Concept Scale used in this study include the Personal Self, Social Self, and Self-Satisfaction Scales).

Behavioral Outcomes

It became apparent to teachers and volunteers that the clients realized this opportunity for education was providing the foundation for some life/career changes and goals which were previously not possible. Once the deeply kept dark secret fear of many clients, that of feeling "too old, or "too stupid" was overcome through the encouraging support of peers, staff, the support of the therapeutic community, plus the patient personalized 1:1 instruction program, clients realized this learning opportunity was critical to re-entry plans.

Client need, plus efforts to utilize functional literacy adult materials, began to lead to a transfer of learning to the real world which enrollees experienced upon completion of the rehabilitation inpatient (Resident) and post-inpatient partial hospitalization (Candidate) program. Filing taxes, applying for financial aid, driver's licenses, employment applications, lease agreements, opening bank accounts, etc., had to be done by the client him/herself. The goal of rehabilitation is to have the client learn his/her own survival skills rather than remain dependent on professional staff.

It also became clear that students had hidden competencies which their poor academic record blocked from the view of employers and admission personnel, and even the clients themselves.

The need was to develop literacy survival skills for an increasingly technological and regulation-oriented society.

Classroom curriculum materials, vocational rehabilitation skill

workshops and role-playing situations and feedback from actual application and evaluation sessions constituted behavioral indicators of progress.

Behavioral outcome measures were based on pre-and-post test literacy measures as well as the degree of client participation in healthy and constructive involvement, as well as maintenance of sobriety. (Constructive community involvement relates to a total-person concept which included participation in counseling in the re-entry phase).

Successful behavioral outcomes indicate that the client, with minimal directions, has completed the following:

- Job Application and/or Resume
- Social Security card, birth certificate, other identity applications
- Filed income tax forms
- Completed admission and financial aid forms
- Passed driver's license questions or understands mass transit schedules
- Recited background data (dates, places of employment, etc.) in role-playing sessions, and then in real interviews
- Obtained employment and/or admission to education or training institution
- For recovering addicts and alcoholics, maintenance of abstinence (no re-admission to detoxification agency)
- Absence of high level of anxiety or confusion in interview situations (as rated by professional interviewers)

The pre-and-post test indicators for measuring functional literacy competency was the Adult Basic Learning Exam (Harcourt, Brace, Jovanich, Inc.) although the 01 year design integrated the results of several measures to report reading progress (Informal Reading Scale, Employee Aptitude Survey, School & College Ability Test, G.E.D.).

The results of pre-and-post testing indicate that students at all reading levels and ages continue to make progress or at least hold "post" gains. This is important when they return to their home communities to try out their new survival skills.

Table VI indicates the reading grade improvement for a group of 60 clients in the 01 year and 87 in the 02 year. All clients were graduates of the inpatient (Resident) and post-inpatient (Candidate) phase and have returned to their community.

TABLE VI

Pilot Testing Group on Progress
Candidate Rehabilitation Program
Comparison of 01 and 02 year

N=60(01 yr.)
N=87(02 yr.)

Candidate Graduates* of Eagleville Reading Academy

Entrance Level Grade	%	No. of Participants	Average Grade Level Gain**	Age of Participants				Black	Other	White
				16-18	19-25	26-35	36 & Above			
0 - 3	15 / 12	9 / 10	4.1 / 5.0	0 / 0	1 / 5	5 / 1	3 / 4	8 / 7	0 / 2	1 /
4 - 6	26 / 20	16 / 17	4.4 / 3.8	0 / 1	4 / 2	6 / 7	6 / 7	14 / 10	0 / 1	2 /
7 - 9	25 / 39	15 / 34	3.5 / 3.9	1 / 0	5 / 7	7 / 17	2 / 10	9 / 24	0 / 1	/
10 & above	33 / 29	20 / 26	1.9 / 1.3	0 / 0	8 / 13	7 / 7	5 / 6	10 / 9	0 / 0	/
TOTALS	01 yr / 02 yr	60 / 87		1 / 1	18 / 27	25 / 32	41 / 50	41 / 50	0 / 4	/

* Graduates refers to those candidates who have 2 months inpatient, 6 months candidate (post-inpatient work and therapy) and have returned to their community.

** Calculated by comparing entrance screening level by Psychology Department determined by score of Gates-MacGintie Reading Scale (speed and accuracy subtest) and progress scores on Adult Basic Learning Test and G.E.D. test. Progress tests were obtained on 75 of the 86 subjects in the Candidate Pilot Study (86% sample).

In both 01 and 02 year there is substantial post progress.

Grade Level Gain

Grade	01 (n=60)	02 (n-87)
0-3	4.1	5.0
4-6	4.4	3.8
7-9	3.5	3.9
10+	1.9	1.3

Follow-up criteria was obtained through medical records, plus information was examined as to continued treatment stability through out-patient counseling involvement and urine surveillance. Placement counselors made direct contacts with clients and employers. Vocational adjustment clients not in the area were traced through referral sources.

TABLE VII

Behavioral Outcome Summary of Pilot Group Completing Eagleville Reading Academy - Full Year Report - June, 1977 -- Comparison of Graduates of First Year, 01, N=60 and Second Year, 02, N=87

ntrance rade evel	No. of Parti-cipants	Full-Time Employment	Part-Time Work	Full-Time Voc. Tr.	Full-Time Education	Other	Got GED	Cont. Educa-tion	Accept. Trade/ Tech. School	Accept. O.J.T.	Accept. College
- 3	10	7	0	2	1	-	-	7	3	6	1
- 6	17	14	0	1	1	-	-	7	1	9	1
- 9	34	28	1	0	3	-	9	18	0	16	5
0+	26	12	3	2	9	-	6	18	1	5	12
OTALS	87	60	4	5	14	3	15	50	5	36	19
2 Year	87	70%	5%	6%	16%	3%	17%	60%	13%	47%	28%
1 Year	60	70%	3%	12%	10%	5%	25%	60%	13%	47%	18%

These figures indicate clearly that previously unemployable clients who had educational deficits and vocational handicaps as a result were able to be successfully employed and actively and constructively involved in the community.

This is a remarkable achievement, as job placements for '75-76 and '76-77 were very difficult to obtain, particularly for non-high school graduates.

Many of the 01 graduates were aided by federally funded CETA jobs.

	01 (N=60)	02 (N=87)
Full-time employment	70%	70%
Part-time work	3	5
Full-time vocational training	12	6
Full-time education	10	16
Other	3	5
Got GED	25	17
Continuing education	60	60
Accepted by trade school	13	13
Accepted by trade/technical school	47	47
Accepted by college	18	28

A study of the individual behavioral outcome record and reading level on entry and reading progress level indicate all ages and all reading levels were successfully placed.

Further study of the graduates of the Candidate Program indicate that of a total of 195 in 1976-77, the 125 Reading Academy students had a superior performance with regard to discharge status when compared to non-members.

TABLE VIII

Rehabilitation Program Completion Rate

Eagleville Reading Academy - Members/Non-Members

Candidate (Post-Inpatient) Group - 02 Year

July 1, 1976 - June 30, 1977

Discharge Status	ERA Members		Non-Members	
	No.	% Rate	No.	% Rate
Treatment Completed	87	69%	9	13%
Withdrew With Consent	6	5%	8	11%
Transferred	0	0%	6	9%
Left Against Medical Advice	15	12%	31	44%
AWOL (Left Without Notice)	6	5%	11	15%
Disciplinary (Broke Rules)	11	9%	5	7%
	125	100%	70	100%

Sobriety Outcomes

The initial Pilot Study group of the 01 year was studied six months after completion of the inpatient (Resident) and post-inpatient (Candidate) program. In the first six months there were three relapses, or 95% who maintained their sobriety (a relapse included re-hospitalization).

After 12-18 months, there were fourteen relapses or 77% who maintained their sobriety. The fourteen were clients who were below the high school level and did not participate in the post-inpatient education program).

Of the sixty 01 students, forty-six (76.6%) were judged to show constructive community involvement (e.g., full-time work, regular part-time work, work/study, enrollment in vocational or technical training, or continuing basic education.)

Results and Benefits

The establishment of the Reading Academy program at Eagleville has benefited the individual patients and enlarged the rehabilitation options available within the array of Eagleville treatment services. The patients entering into the Reading Academy program at Eagleville have started a process that can lead to a reversal of a pattern of self-destructive existence to one which is characterized by sobriety, productivity, self-sufficiency, and community responsibility. The discovery of feelings of adequacy and worth achieved by success in the classroom is a clinical phenomenon we have encountered repeatedly in our existing remedial efforts. The newly found feelings become

alternative ways of "getting high" and lead to perceptively different feelings of increased self-esteem and confidence. Successful completion of a graded series of steps in the classroom becomes a powerful example of our capacity for gaining control over one's life, whereas formerly everything was viewed as being predestined or lying out of one's sphere of influence. The exhiliration connected with completion of a task in an orderly sequential fashion is a novel experience that instills immediate pride and energizes future aspiration and motivation. Support and encouragement from staff care givers and peers nourish the involvement of a whole person in a comprehensive examination and rechanneling of one's life style and goals. It carries along with the change a learning to cope with time, both in the here and now and toward a defining future. Each success bathed in support and personal growth reinforces hopes and realization of potential with subsequent discovery of realistic and meaningful choice. Relationships with teachers and tutors expand in their social impact importance and lead to unhealthy socialization with the "straight and square" world. Sharing of one's experiences with re-education leads to patients serving as role models to others, which enhance levels of self-esteem.

The teaching methods and material that we are developing and use will benefit us in our carrying a Reading Academy program into the community for continuity of services as well as reaching other addicted and non-addicted populations of troubled learners.

Finally, as students gain the tools to qualify for future training, learning and skill development, they are able to apply and qualify for

new job opportunities, become less dependent on welfare, reduce criminal behavior and enhance the quality and direction of their life and that of their families, friends and communities.

Conclusion

We feel that the approach of personalized adult education of the Eagleville Reading Academy and Satellite School in the re-entry phase has demonstrated behavioral outcomes and self-concept improvement. This approach is viable for the Eagleville therapeutic community and essential for persons recovering from drug and alcohol addiction.

Our experience indicates that remedial education is oft-neglected, with a frequent emphasis in therapy on feelings and confronting addictive behavior. The experience of countless residents indicates that, were it not for the opportunity for remedial education within the treatment setting, the chances are the client will continue in the fear of being "too old" or "too stupid" to learn. The negative learning and integration experiences of these clients also indicates that the paucity of evening adult basic education programs with a class setting do not meet the needs of these persons. A personalized, success-oriented, survival skill/re-entry focused program does make the difference. Another factor with this approach is the availability and flexibility of staff and volunteers to establish a rapport and relationship of trust with each individual client, based on individual need and interest areas, a factor missing in the classroom setting.

The tendency in the human service field usually is to do everything for the youth. The gains in education and vocational placement

by the older alcoholics and mixed alcohol and drug clients are important to consider for program planning. The older alcohol and mixed drug clients seem to offer the greatest promise. Further research is necessary to measure the learning growth with older alcoholics.

Thus, adult remedial education is an oft neglected but integral component for recovery and deserves serious consideration for inclusion in the continuium of services for drug and alcohol rehabilitation programs.

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APPENDIX

The Individual Tables in this section are the result of the breakdown of cases grouped by reading grades of 87 graduates 7/1/76-6/30/77, of the inpatient (Resident) and post-inpatient (Candidate) phase.

Exhibit A	Grade 0-3
Exhibit B	" 4-6
Exhibit C	" 7-9
Exhibit D	" 10+

EXHIBIT A

Progress and Outcome Summary of Candidate Pilot Group Completing Eagleville Reading Academy

02 Year - July 1, 1976 - July 30, 1977
Entrance Level - 03 Grade Level

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
Mc-1	Diane	30	B	F	97	Non-Reader	6.0+		Successfully became head of household; obtained public housing, child custody and continued education.
M-1	Ella	36	B	F	44	3.7	2.3		Obtained clerical work training position, then hired as counselor aide as promotion
S-1	John	40	W	M	80	Non-Reader	9.0+		Obtained part time work initially, then full-time building maintenance position
T-1	Alan	22		M	105	3.7	2.3	X	Part-time work initially, then full-time work in groundskeeping

EXHIBIT A

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
M-2	Alfredo	23	Hisp.	M	108	Non-Reader	5.7	X	Applied successfully to work training program; subsequently promoted to printing job
J-1	Darren	21	B	M	83	Non-Reader	3.0	X	Successfully applied for full-time job in work-training prog. and tech. school for baking course; continued tutoring
N-1	Harry	43	B	M	26	3.7 (nb)	4.3	X	Obtained full-time position as a painter, following work-training position
L-1	Bernard	24	B	M	43	Former H.S. grad. but tested at 3.7(nb)	7.4	X	Accepted to Voc.-Tech. Program in food preparation; accepted in Community College
D-1	Adrian	22	B	F	70	Former H.S. grad. but tested at 3.7(nb)	1.3		Accepted in clerical training program & subsequently in secretarial program
B-1	Andrew	47	B	M	91	Non-Reader(nb)	8.7	X	Successfully applied to work training program; obtained full-time job at courthouse in maintenance

(nb) These enrollees showed signs of impaired thinking process, memory, and perceptual skills in medical, psychiatric and psychological examinations. (see text for discussion)

EXHIBIT B

Progress and Outcome Summary of Candidate Pilot Group Completing Eagleville Reading Academy

02 Year - July 1, 1976 - July 30, 1977
Entrance Level - 4-6 Grade Level

ode	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
M-3	Diane	37	B	F	7	5.1	3.3	X	Planning to attend Community College
P-1	Daniel	26	B	M	52	4.0	2.0		Obtained full-time factory work
R-1	Dorothy	41	W	F	58	5.1	1.0+		Continued tutoring in another program
A-1	Edna	32	B	F	34	5.1	3.3		Obtained employment in Sears maintenance dept.
I-1	Mike	38	B	M	41	5.1	3.9	X	Obtained full-time work as maintenance worker
J-1	Don	40	B	M	30	Comp. H.S., tested at 5.1(nb)	4.0		Obtained full-time work as a boiler operato
M-4	Alfonso	36	Hisp.	M	71	Comp. H.S., tested at 5.6(nb)	3.4	X	Obtained full-time AWEP position as office clerk
T-2	Steve	27	B	M	?	5.0	N.T.A.		Obtained job as cook; cont. tutoring

EXHIBIT B

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
W-1	Dora	33	B	F	?	6.0	4.5	X	Obtained full-time work-training position; contin. tutoring
H-1	John	32	B	M	67	6.2	2.8	X	Obt. full-time work-training position; cont. tutoring
B-2	Harold	41	W	M	19	6.2(nb)	5.5		Obtained full-time position on switchboard
R-2	Arnold	36	B	M	60	4.1	5.9		Obtained full-time employment at his Mosque
H-2	Wendy	26	B	F	20	5.6	2.8	X	Obtained full-time work-training position in maintenance; cont. tutoring & treatment
S-3	Amy	17	W	F	56	5.6	3.4	X	Obt. full-time work-training pos., clerical; then higher paying position in maintenance; cont. tutoring
M-5	Ed	24	W	M	127	6.2	5.4	X	Obtained full-time maintenanc position
B-3	Dorothy	49	W	F	36	6.2	6.2		Became head of household again & applied to Tech. School program

EXHIBIT B

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
S-2	George	25	W	M	35	5.1	3.3	X	Obtained job as counselor aide and continues tutoring

N.T.A. No Testing Available

(nb) These enrollees showed signs of impaired thinking process, memory, and perceptual skills in medical, psychiatric and psychological examinations. (see text for discussion)

EXHIBIT C

Progress and Outcome Summary of Candidate Pilot Group Completing Eagleville Reading Academy

02 Year - July 1, 1976 - July 30, 1977
Entrance Level - 7-9 Grade Level

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
W-2	George	29	B	M	31	6.8	3.4		Referred to supportive work-training program
Mc-2	Pete	41	B	M	43	8.6	2.9		Obtained part-time work, then full-time job in building maintenance
M-6	Sam	22	W	M	55	8.0	5.0		Obtained GED, maintenance work & accept. full-time at Comm. College
P-2	Wilbur	43	B	M	96	7.4	4.7		Obtained full-time lab job, then had treatment regression
S-4	Jim	28	B	M	N.A.	9.2	2.6	X	Obtained full-time maintenanc job in county courthouse; lef Candidate Prog. AMA but compl. treatment at O.P. Clinic
W-3	Harry	26	B	M	N.A.	8.6	2.6	X	Had some treatment problems but re-entered ERA; working FT

EXHIBIT C

ode	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
W-4	Brad	35	B	M	50	8.0	5.0	X	Obtained G.E.D., accepted, Comm. College, working part-time
C-2	Eileen	28	B	F	71	8.6	4.2		Obtained position as full-time clerk-typist
M-7	Sharon	23	B	F	43	7.4	3.0	X	Obtained positio as maintenance worker in work-training position; continuing tutoring
N-2	Edna	31	B	F	22	9.2	3.8	X	Obtained work-training position as teacher asst., then promoted to more permanent position
O-1	Martin	35	W	M	62	9.0	N.T.A.		Treatment regression
O-2	Carol	35	B	F	51	9.0	N.T.A.		Making arrangements to go to college; volunteering as counselor aide
P-3	Herb	40	B	M	30	9.8	3.2	X	Obtained work-training job in maintenance, then promoted to security guard position

EXHIBIT C

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
A-2	Marie	23	W	F	63	9.0	1.6		Accepted into work-training program at Input Services
C-1	Rich	40	B	M	48	8.6	3.6	X	Obtained G.E.D.; accepted as trainee, child care worker, then promoted to full staff statu
F-1	Steven	40	W	M	35	8.0	3.5		Entered with diploma but low skills; improved skills & obtained supervisory job
H-3	Gerry	26	B	M	81	8.6	4.6		Obtained G.E.D.; full-time job w/ computer company; accepted at Comm. College
J-3	Larry	40	B	M	64	7.4	4.0	X	Obtained full-time maintenance job in library, then high-paying construction job; cont. tutoring
L-2	Dave	36	B	M	69	8.0	5.0	X	Obtained G.E.D. & position as Community Relations Aide
H-4	Rebecca	22	W	F	26	9.8	2.2		Obtained clerical position, then promotion to "Hotline" Counselor

EXHIBIT C

dc	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
-3	Ann	26	B	F	52	9.2	2.2		Hired as switch-board operator
-5	Sheila	23	Hisp.	F	(Low)	9.0	.5	X	Part-time work, then full-time job in building maint.; obtained G.E.D.
-8	John	52	B	M	39	8.0	5.0		Obtained work-training position, then promoted to position as nurse's aide
-3	Harry	27	W	M	31	8.0	4.5	X	Obtained work-training position in maintenance; dropped out due to emotional problems, then re-joined tutoring & obtained new job
-8	Dave	53	B	M	14	8.0(nb)	3.5		Part-time work, then had treatment regression
-5	George	29	B	M	39	8.6	4.4		Transf. to another program for additional treatment
-1	Robe	24	W	M	43	6.8(nb)	5.7		Hired as bricklayer

N.T.A. No Testing Available
N.A. Not Available
(nb) These enrollees showed signs of impaired thinking process, memory, and perceptual skills in medical, psychiatric and psychological examinations. (see text for discussion)

EXHIBIT D

Progress and Outcome Summary of Candidate Pilot Group Completing Eagleville Reading Academy

02 Year - July 1, 1976 - July 30, 1977
Entrance Level - 10+ Grade Level

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
W-9	Jay	25	B	M	14	11.7	1.3		Obtained GED; accepted, Comm. College; working part time
W-5	Elaine	25	W	F	41	12.0+	1.0		Accepted to Comm. College
H-6	George	27	B	M	72	10.4	2.5		Plans to attend Comm. College & work part-time
R-5	Ralph	27	W	M	45	12.0	1.0		Obtained work-trng. job as clerk-typist; then promoted to permanent job; will attend college part-time
S-6	Horace	26	W	M	65	12.0	1.0+		Accepted as counselor aide, then obtained higher level position; will go to coll.
S-7	Ron	25	W	M	55	10.4	N.C.		Accepted in work training job in maintenance, then promoted; later, had problems

EXHIBIT D

ode	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
S-8	Harry	46	W	M	70	11.7	1.3		Obtained job as counselor aide while continuing preparation for college
S-9	Doug	23	W	M	42	12.0+	NTA		Accepted in work training position in maintenance, then promoted
W-10	Jeff	41	B	M	66	12.0+	NTA		Accepted in work training position in maintenance, then promoted
W-12	Guy	35	B	M	22	12.0	1.0		Accepted to Community College after getting GED
W-13	Linda	52	W	F	52	9.2	2.6		Attending college
O-4	Harry	25	B	M	14	12.0	1.0		Obtained GED; attending OIC in mechanical trade
H-7	Jules	46	B	M	77	12.0	1.0		Obtained GED; tutors new clients & works on switchboard; will attend college
B-4	Clute	38	B	M	82	10.4	2.1		Attending Communit College & supporting children
C-3	Frank	29	W	M	24	11.7	NTA		Attending college & working part-time

EXHIBIT D

Code	Pseudonym	Age	Race	Sex	No. of Educational Sessions	Entered ERA at Grade Level	Grade Level Progress	Cont. at Satellite	Behavioral Outcome
E-1	Jerry	22	W	M	90	12.0	1.0		Hired as nurse's aide
F-2	Jody	23	W	M	27	12.0	1.0		Attending college & working part-ti
G-1	Nancy	21	W	F	30	12.4	NC		Worked part-time, clerical work, then had treatmen problems
M-9	Mike	22	W	M	98	11.0	2.0		Obtained GED; accepted to Comm- unity College in accounting
O-3	Dave	25	B	M	33	12.0	1.0		Worked part-time, but had treatment regression and dropped out
R-6	Allen	23	W	M	36	12.0	1.0		Hired as counselo aide
R-7	Jimmy	34	W	M	67	12.0	1.0		Entered training program as counse or aide
W-15	Nick	39	B	M	74	12.0	NTA		Accepted to Community College
W-16	Luke	24	W	M	47	11.0	NTA		Accepted as recre tion Counselor trainee, then ob- tained permanent job in sales
C-4	Mark	31	W	M	19	10.7	2.3		Obtained aide po- sition in Psych. Dept.; will atten college; obtained GED

55

N.C. - No change
NTA - No testing available